United Nations E/ICEF/1998/P/L.33

Economic and Social Council

Distr.: General
9 June 1998

Original: English

United Nations Children's Fund
Executive Board
Second regular session 1998
8-11 September 1998
Item 7 of the provisional agenda*

For action

Recommendation for funding for a short-duration country programme**

Yemen

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Yemen with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $7,861,000 from general resources, subject to the availability of funds, and $45,700,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1999 to 2001.

* E/ICEF/1998/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

Basic data
(1996 unless otherwise stated)

Child population (millions, 0-18 years)	8.5
U5MR (per 1,000 live births)	105
IMR (per 1,000 live births)	78
Underweight (% moderate and severe)	39
Maternal mortality rate (per 100,000 live births, 1990)	1,400
Literacy (% male/female, 1990)	53/26
Primary school enrolment (% net, male/female)	73/39
Primary school children reaching grade 5 (%)	..
Access to safe water (%, 1995)	61
Routine EPI vaccines financed by Government (%, 1997)	42
GNP per capita (1995)	$260
One-year-olds fully immunized against:	
tuberculosis:	59 per cent
diphtheria/pertussis/tetanus:	59 per cent
measles:	51 per cent
poliomyelitis:	59 per cent
Pregnant women immunized against:	
tetanus:	55 per cent

The situation of children and women

1. As a result of rapid economic growth, Yemen saw considerable social progress during the 1970s and 1980s. According to the 1994 census and the 1992 demographic health survey, health service coverage rose from 10 per cent in 1970 to 42 per cent in 1991 and primary school enrolment increased from 22 to 55 per cent by the mid-1990s. Life expectancy rose by more than 15 years between 1960 and the mid-1990s and the infant mortality rate (IMR) dropped from 230 per 1,000 live births to its present level of 78. Yemen continues to suffer from an exceptionally high total fertility rate of 7.4, coupled with one of the highest maternal mortality rates (MMR) in the world. It has some of the worst social indicators in the Middle East and North Africa region, or even in comparison with sub-Saharan Africa.

2. When the People's Democratic Republic of Yemen and the Yemen Arab Republic unified in 1990, there was a challenge of unifying two civil services and two markedly different political and economic ideologies. Since the mid-1980s, Yemen has experienced setbacks including falling oil prices, deteriorating productivity and the effects of the Gulf war, which led to a partial suspension of aid, a loss of oil remittances and an influx of 800,000 returnees. An important source of aid was lost with the break-up of the former Soviet Union. Approximately 70,000 refugees from Ethiopia, Somalia and other countries arrived. The civil war in 1994 caused widespread destruction of infrastructure. The country is now implementing an economic reform programme. The percentage of families that live below the poverty line has risen to at least 30 per cent.

3. Despite the country's commitments to ensuring child rights, the situation of Yemen's children is greatly compromised. IMR and the under-five mortality rate (U5MR) are almost twice as high as in other countries in the region. There is rapid population growth (3.7 per cent) and a very young population (approximately 50 per cent under age 15 years), including an increasing number of women entering childbearing age. Girls fare far worse than boys. Many problems concerning child survival, development and protection are rooted in attitudes, beliefs and ingrained habits, which contribute to the high MMR and low girls' enrolment rates, and also affect basic health practices. Behavioural change is needed and must be supported by effective communication interventions. Weak capacity in national institutions limits efforts to improve basic social services.

4. Diarrhoeal diseases are the leading cause of infant and child mortality, accounting for approximately 30 per cent of child deaths, with acute respiratory infections (ARI) accounting for 23 per cent of the total disease burden. Vaccine-preventable diseases are another major health problem. Some 39 per cent of children are underweight, one of the highest rates in the world. Other major problems affecting child health in Yemen include malaria, schistosomiasis, intestinal parasitosis and viral hepatitis (A,B,C). There have been 82 reported cases of AIDS (Ministry of Public Health, 1997) and the Government has established a national control programme.

5. With respect to education, Yemen has one of the largest gaps in the world between boys' and girls' net primary enrolment rates. This situation is due to socio-cultural beliefs, concerns about protection from contact with men, a shortage of women teachers, long distances to schools in rural areas, lack of separate sanitation facilities in schools, costs such as those of school uniforms, school bags and school supplies, and the high opportunity cost related to girls' education as perceived by parents. Most classrooms and school buildings are in poor physical condition. The number of textbooks produced for primary levels meets only about 50 per cent of national requirements. Teacher supervision and support are irregular and teachers' absenteeism is a major problem.

6. In spite of some progress, women and girls remain comparatively disadvantaged in terms of participation and decision-making in matters affecting their well-being, at national and subnational levels. The Government's policy is to engage women as leaders and beneficiaries of Yemen's development, but more effort and support are needed.

7. A growing concern of the Government is the plight of children in need of special protection measures, including street children, working children, children in conflict with the law, disabled children and children belonging to marginalized groups. An overall policy and strategic framework for child protection is presently lacking.

Programme cooperation, 1994-1998

8. Implementation of the 1994-1998 country programme was impeded by several factors, such as the civil war, high levels of foreign debt and the costs related to merging two civil services. Much of UNICEF work in 1994-1995 was geared towards emergency assistance and rehabilitation. Funding for the country programme fell short of projections and expectations. During the mid-term review in 1995, the plan of operations was adjusted, focusing on fewer objectives and reducing the scope of various programmes, while concentrating on such strategic interventions as community-based schools and training of female teachers, for example, which were achieving significant results.

9. A number of important achievements were made during the 1994-1998 country programme. More than 90 per cent of salt for human consumption was iodized. Efforts towards dracunculiasis eradication resulted in only six reported cases in 1997. The national immunization days (NIDs) for polio eradication reached more than 90 per cent of children under five years of age. Pilot village school projects showed increases in girls' enrolment as high as 300 per cent in certain areas. Although limited in scope, the area-based approach proved to be an effective strategy in mobilizing communities and subnational authorities in support of programme objectives in the areas of health, education and safe water supply.

10. Notwithstanding, the programme fell short of its objectives in a number of areas. Immunization for all antigens other than polio remained low. In-country production of oral rehydration salts (ORS) was initiated, but the quantities produced were much lower than national requirements, mainly because of a lack of sufficient funding. MMR and incidence of ARI were not reduced, partly due to funding constraints and insufficient attention to supportive communication measures. Plans concerning women's participation were not fully implemented.

Lessons learned

11. The 1994-1998 country programme yielded a number of lessons. Firstly, the importance of strengthening geographical convergence and the intersectoral nature of programme interventions was confirmed by the area-based approach. This approach accelerated project implementation and demonstrated that community empowerment was contributing to sustainability; this will continue to be monitored closely. It also became evident that national capacity-building and institutional strengthening, particularly at subnational levels, are essential to ensure sustainability and are consistent with the Government's decentralization policy.

12. The 1994-1998 country programme focused almost exclusively on basic needs, particularly in the areas of health and education, without giving sufficient attention to broader child rights issues. It became increasingly clear that more

support was needed to provide leadership in advocating child rights in order to put children's interests and rights on policy makers' agendas. In view of the range and magnitude of the problems of children needing special protection, it became necessary to stimulate action in this area. Lastly, the importance of targeted and well-designed communication strategies was demonstrated by such successful interventions as NIDs, and by the lack of success in such areas as ARI and MMR reduction, where communication and social mobilization were too limited.

Recommended programme cooperation, 1999-2001

Estimated annual expenditure
(In thousands of United States dollars)

	1999	*2000*	*2001*	*Total*
General resources				
Health and nutrition	700	840	840	2 380
Basic education	420	435	430	1 285
Child protection	125	180	149	454
Area-based programme	742	750	750	2 242
Advocacy, communication and social mobilization	115	115	115	345
Planning, monitoring and evaluation	270	270	270	810
Cross-sectoral costs	110	115	120	345
Subtotal	**2 482**	**2 705**	**2 674**	**7 861**
Supplementary funding				
Health and nutrition	2 950	3 150	3 350	9 450
Basic education	2 065	2 410	2 430	6 905
Child protection	1 060	1 065	1 065	3 190
Area-based programme	5 500	7 050	8 425	20 975
Advocacy, communication and social mobilization	600	600	550	1 750
Planning, monitoring and evaluation	700	700	700	2 100
Cross-sectoral costs	440	445	445	1 330
Subtotal	**13 315**	**15 420**	**16 965**	**45 700**
Total	**15 797**	**18 125**	**19 639**	**53 561**

Programme preparation, objectives and strategies

13. The Government and UNICEF have agreed to implement a three-year programme for 1999-2001. This will allow UNICEF to harmonize its programme cycle with those of the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA) at the end of this period. However, because of a number of key changes and opportunities in the programming environment, includ-

relative internal stability, ongoing health and education sectoral reform, decentralization and realistic possibilities of receiving unprecedented levels of supplementary funding, a comprehensive country programming exercise was undertaken. An analysis of the situation of children and women in Yemen was initiated in 1997. Extensive consultations were held between the Government, UNICEF, other United Nations agencies, the World Bank, donors and non-governmental organizations (NGOs) working in Yemen, which included the strategy meeting held in December 1997 and the programme preview held in March 1998.

14. The objectives of the proposed country programme are to: (a) contribute to implementation of the Convention on the Rights of the Child at all levels; (b) contribute to the reduction of IMR and U5MR by 25 per cent by the end of 2001; (c) reduce MMR to less than 900 per 100,000 live births by the end of 2001; (d) increase girls' primary school enrolment and completion rates while improving the quality of primary education and; and (e) increase significantly parental and societal knowledge of practical actions that can be taken at household and community levels to improve child survival, protection and development. The strategies are to advocate for child rights, build national capacities at all levels and enhance sectoral interventions at the subnational level through the area-based approach.

15. The *health and nutrition* programme will support service expansion, capacity-building and empowerment of communities in key areas affecting child survival. This will include a concerted effort to, by the end of 2001: (a) raise immunization coverage to 90 per cent for all vaccine-preventable diseases; (b) support the control of diarrhoeal diseases by increasing availability of ORS to meet 80 per cent of national requirements and to increase the oral rehydration therapy use rate to 60 per cent; and (c) reduce by 25 per cent deaths of children under five years due to ARI by strengthening case management, ensuring availability of antibiotics and massive awareness-raising. UNICEF will continue to support the Government's efforts to reduce iron deficiency anaemia among pregnant women and pre-school age children by 20 per cent, iodine deficiency disorders by 50 per cent and vitamin A deficiency among infants by 30 per cent, through such measures as food fortification, salt iodization and supplementation, and health and nutrition education. Efforts to reduce MMR will include broad-based communication and education interventions, limited support to emergency obstetric care and training of health workers.

16. The *basic education* programme will contribute to the Government's longer- term goal to increase girls' primary net enrolment from 39 to more than 80 per cent and to double the primary school completion rate by 2006. Building on previous successful experience, training and recruitment of female teachers by the Ministry of Education will be supported, as will capacity-building for guidance and supervision. This approach is expected to make available annually an additional 2,000 female teachers for the school system, and will be reinforced under the area-based approach with basic support to community-based schools. The programme will also assist the Government in developing a comprehensive textbook policy and providing support to increase the overall availability of and access to textbooks and learning aids at the primary level.

17. The *child protection* programme will: (a) assist the Ministry of Insurance and Social Affairs to develop policies for child protection and set and monitor standards; and (b) support NGOs in expanding services, particularly for street children, children with disabilities, working children and children and women in conflict with the law. Support to improving legislation for child protection is envisaged, as is training of care providers, especially from NGOs, and sensitization of judicial and law enforcement officials. Since most children and women in need of special protection come from rural areas, community mechanisms to help families cope will be supported through the area-based approach. Women's empowerment and life skills training will be employed as a strategy to prevent women and their families from falling into especially difficult circumstances.

18. The *area-based programme* is an approach to ensure that all national-level sectoral objectives are met by enhancing the implementation of sectoral programmes at the subnational level. District-level baseline surveys and assessments will be undertaken, and area-specific targets and objectives set. It is expected that the rate of improvement of indicators in districts covered by the programme will be significantly higher than elsewhere. Interventions in the areas of health and nutrition, water supply and sanitation, child protection and basic education can reinforce each other, resulting in greater impact and more efficient use of resources. When successful experiences are encountered at the subnational level, these can be transmitted to the central level for supportive action and possible replication in other parts of the country. The area-based programme thus provides a setting where top-down approaches can meet bottom-up approaches. The objective of the programme will be to establish a minimum package of essential basic services, with local communities and subnational authorities involved in their design and management. The strengthening of national institutions at the subnational level is an essential component of this approach. Under the programme, support will be provided in the following areas: strengthening of district health systems; support to community-based nutrition interventions; support to community schools; safe rural water supply and environmental sanitation; piloting of early childhood development initiatives; and women's empowerment, including life skills training, income generation, facilitating access to microcredit and strengthening participation in decision-making at the community level. Subject to availability of supplementary funding, the programme will expand support from 7 to 30 districts.

19. The *advocacy, communication and social mobilization* programme will support efforts to empower communities, families and individuals with the knowledge and information necessary for them to participate in the process of development

and social change. The Ministry of Information, as well as mosques, television, radio, print media, NGOs, communities, youth groups and members of civil society, will promote child survival, development and protection. UNICEF will support the Government in the development of children's media (e.g., books, television and radio programmes) and in encouraging children's participation in various forums so that their voices may be heard. Advocacy efforts will seek to influence the social and policy environment in support of child rights.

20. The *planning, monitoring and evaluation* programme will seek to: (a) identify areas of disparity and strengthen systems to monitor progress in order to address these disparities; (b) establish baselines and benchmarks against which progress can be measured; (c) strengthen national capacities for planning, monitoring and evaluation, in order to contribute to the achievement of national goals for children and women; (d) develop mechanisms to monitor country programme inputs and results; and (e) develop an effective system for monitoring child rights in Yemen. The latter will be accomplished through capacity-building of the Yemeni Council for Mothers and Children, which is the governmental institution responsible for preparing reports to the Committee on the Rights of the Child, to monitor child rights indicators. Monitoring and evaluation of the area-based programme will be a priority. Support will be provided for capacity-building of government departments to set up monitoring and evaluation systems for assessing programme and project impact, to undertake a number of key studies (for example, analysis of the 20/20 initiative); and for strengthening participatory planning processes. UNICEF will monitor closely its evolving cooperation with the World Bank in Yemen and document key issues, experiences gained and lessons learned.

Collaboration with other partners

21. Inter-agency collaboration has been institutionalized in Yemen to promote coordination. UNICEF will work with the World Health Organization on child and maternal health; with UNDP on poverty alleviation and monitoring of priority social sector spending; with UNFPA on safe motherhood; with the Food and Agricultural Organization of the United Nations and the World Food Programme on nutrition; with the United Nations Educational, Scientific and Cultural Organization on girls' education; and with the International Labour Organization on child labour. Through coordination mechanisms and direct contacts, UNICEF will maintain dialogue with other development agencies and donors including the European Union, Germany, Japan, the Netherlands and the United States Agency for International Development.

22. The programme was developed collaboratively by the Government, UNICEF and the World Bank. Discussions are underway about a $30 million concessional loan from the World Bank/International Development Association to the Government of Yemen. This will assist the UNICEF country programme to expand community-based activities within the area-based programme, as well as basic health, nutrition and girls' education. If approved, the financing would be categorized by UNICEF as supplementary funding.

Programme management

23. The Ministry of Planning and Development will be responsible for overall coordination of all programmes. The Government and UNICEF will jointly prepare annual plans of action and monitor programme implementation. Joint quarterly and annual meetings will review programme and project progress. A monitoring and evaluation plan for each programme has been developed and will be followed.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : YEMEN
PROGRAMME : 1999-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH & NUTRITION	2,380,000			2,380,000	0	0	0	1	0	0	1	1	1	3	473,174	86,691	559,865
BASIC EDUCATION	1,285,000			1,285,000	0	0	0	1	0	0	1	1	1	3	473,174	86,691	559,865
AREA-BASED PROGRAMME	2,242,000			2,242,000	0	0	0	1	0	0	1	6	7	14	473,174	546,395	1,019,569
ADVOCACY, COMM. AND SOC. MOBILIZ.	345,000			345,000	0	0	0	0	0	0	0	2	2	4	0	212,194	212,194
PLANNING, MONITORING AND EVAL.	810,000			810,000	0	0	0	1	0	0	1	1	1	3	473,174	93,750	566,924
CHILD PROTECTION	454,000			454,000	0	0	0	0	0	0	0	1	0	1	0	82,588	82,588
CROSS-SECTORAL COSTS	345,000			345,000	0	0	0	0	0	0	0	1	5	6	0	227,193	227,193
TOTAL GR	7,861,000			7,861,000	0	0	0	4	0	0	4	13	17	34	1,892,696	1,335,502	3,228,198
SUPPLEMENTARY FUNDING :																	
HEALTH & NUTRITION		0	9,450,000	9,450,000	0	0	0	0	1	0	1	0	0	1	401,944	0	401,944
BASIC EDUCATION		0	6,905,000	6,905,000	0	0	0	0	0	0	0	0	0	0	0	0	0
AREA-BASED PROGRAMME		0	20,975,000	20,975,000	0	0	0	1	2	0	3	0	0	3	1,277,062	0	1,277,062
ADVOCACY, COMM. AND SOC. MOBILIZ.		0	1,750,000	1,750,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PLANNING, MONITORING AND EVAL.		0	2,100,000	2,100,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		0	3,190,000	3,190,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	1,330,000	1,330,000	0	0	0	1	0	0	1	0	3	4	473,174	107,568	580,742
TOTAL SF		0	45,700,000	45,700,000	0	0	0	2	3	0	5	0	3	8	2,152,180	107,568	2,259,748
TOTAL GR & SF	7,861,000	0	45,700,000	53,561,000	0	0	0	6	3	0	9	13	20	42	4,044,876	1,443,070	5,487,946
SUPPORT BUDGET			Operating costs	811,500													
			Staffing		0	1	0	2	0	0	3	0	9	12	1,563,122	392,923	1,956,045
GRAND TOTAL (GR + SF + SB)					0	1	0	8	3	0	12	13	29	54	5,607,998	1,835,993	7,443,991
	Number of posts and staff costs:																
	Current programme cycle										6	9	23	38			
	At the end of proposed programme cycle (indicative only)										12	13	29	54	5,607,998	1,835,993	7,443,991

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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